

Unfortunately, my State of South Dakota suffers from one of the highest incidences of FASDs in the Nation. While I applaud the ongoing efforts of local organizations, State governments and federal agencies to address the public health threat of FASD, I continue to have great concern about this disorder's impact in South Dakota and across the country.

We must move past the stigma of this devastating disease to truly help those and their families who are affected by FASD get the health, education, counseling and support services they need and deserve. We must also address the tragedy of FASD at the source, by increasing awareness that any amount of alcohol during pregnancy can have heart-breaking, lifelong effects. Education and outreach efforts must continue their focus of ensuring this message is understood by all women of child-bearing age and ensuring access to treatment and counseling services for those at risk of substance abuse.

One of the most distressing facts regarding FASD is that it is entirely preventable. I have joined my colleagues in the Senate to introduce and pass a resolution designating September 9, 2011 as National FASD Awareness Day. It is my hope these efforts progress towards global awareness of FASD and an end to this destructive disease.

NATIONAL SUICIDE PREVENTION WEEK AND WORLD SUICIDE PREVENTION DAY

Mr. JOHNSON of South Dakota. Mr. President, I rise today to recognize the 37th annual National Suicide Prevention Week, which began on September 4 and culminated with World Suicide Prevention Day on September 10. I take this opportunity to reflect on the destructive effects of suicide on families and communities and to raise awareness about the need for an effective national suicide prevention strategy to help communities address this serious public mental health threat. Suicide is a major cause of premature death, and we must do more to prevent it.

The statistics about suicide are deeply concerning. In our Nation, suicide is the 11th leading cause of death for all ages. Among young adults ages 15 through 24, there are approximately 100 to 200 attempts for every completed suicide. Suicide takes the lives of approximately 30,000 Americans each year, and a person dies by suicide almost every 15 minutes. Our Nation's veterans account for 20 percent of suicides and the Army recently suffered a record number of suicides this past July.

In my State of South Dakota, suicide is the fourth-leading cause of death among all South Dakotans and the second-leading cause of death for adolescents and young adults between the ages of 10 and 24. The rate of youth suicide in my State is over three times

the national average. These statistics place South Dakota among a group of Western States that consistently has a higher rate of suicide than the rest of the country.

Youth suicide among American Indians in South Dakota is of particular concern. The suicide rate for American Indians ages 15 to 34 is more than two times higher than the national average and is the second leading cause of death for this age group. The suicide rate for the Rosebud Sioux Tribe is among the highest in the world. The loss of young people to suicide is a real crisis. On American Indian reservations in South Dakota, I have seen the catastrophic ripple effect that one suicide can have. Given the alarming occurrence of "suicide clusters" and imitative deaths that have occurred in Indian country in the past, it is imperative to provide support for those at risk.

Substance abuse and violence, two accepted risk factors for suicide, are common on the reservation, and tribe members also face extreme poverty and geographic isolation. During the past few years, I have been encouraged by the increased recognition of the need for suicide prevention programs in tribal areas. Tribes now have more access to funds that will aid in the building of suicide prevention programs. However, we must continue to provide tribes with the resources they need to implement culturally sensitive suicide prevention programs. It is critical to strengthen the social fabric to help improve mental health. Youth suicide prevention programs have helped bridge this service gap, but further investments are necessary to sustain and expand these efforts. Decreasing the number of suicides in Indian country will require increased community awareness, developing effective prevention and intervention methods, and enhancing access to mental health service providers.

Studies indicate the best way to prevent suicide is through early recognition and treatment of depression and other psychiatric illnesses. Depression goes unrecognized in half of the general population and in 80 percent of seniors. Over 90 percent of suicide victims have a significant psychiatric illness at the time of their death. These are often undiagnosed, untreated, or both.

Furthermore, it is necessary to acknowledge the obstacles that individuals at risk of suicide face in accessing treatment. Lack of insurance coverage, limited access to affordable mental health care, as well as cultural stigmas and myths about suicide pose significant barriers to treatment. A serious effort to prevent suicide must break down those barriers and expand access to mental health services nationwide, with a special focus on increased mental health awareness and improving prevention and early intervention methods. In addition, investments in tools to evaluate intervention and prevention methods and training pro-

grams for health care professionals are needed to foster the development and implementation of evidence-based and emerging best practices in the prevention of suicide.

National Suicide Prevention Week and World Suicide Prevention Day are reminders that suicide is a preventable cause of premature death that tears families and communities apart, and more can be done to prevent these tragedies. Each day, families and communities across the Nation suffer devastating losses as a result of suicide. It is estimated that for each suicide, seven other lives are altered forever. Every year, approximately 200,000 people become survivors due to this tragic loss of life. Many suicide survivors are left devastated, confused and weakened by their loss. Friends and family often experience depression, guilt, shock and anger. Unfortunately, there remains a stigma surrounding suicide and mental illness, and victims often shoulder some of the blame.

I appreciate this opportunity to increase awareness about the destructive impact of suicide on America's families and communities and to raise awareness about the urgent need for an effective national suicide prevention strategy to help communities prevent future losses of life.

ADDITIONAL STATEMENTS

TRIBUTE TO GARY SONSTENG

• Mr. TESTER. Mr. President, today I honor Gary Sonsteng and his service to the United States of America during the Vietnam war.

Gary enlisted in the U.S. Navy at the age of 17.

As a boatswain mate second class, Gary was assigned to the U.S.S. Talladega for several years. After a stint in Japan, Gary served on patrol boats in the Mekong Delta in Vietnam for a little over a year.

In 1971, after 6 years of wartime service, Gary quietly returned to his home in Butte, MT, where he worked as a miner and a truck driver for more than 30 years.

Gary is a modest man. He never asked for recognition for his service in Vietnam. And through all these years, that recognition of his valor and service slipped through the cracks.

In working with my office, we discovered that Gary never received the medals he earned decades ago. Gary insists his service was, quote, "nothing extraordinary." I, along with millions of Americans and the U.S. military, see it differently.

Last month, I had the honor of presenting Gary Sonsteng with a Combat Action Ribbon, and a Navy Commendation Medal with a Combat Valor Device. This Navy Commendation Medal is reserved for "sustained acts of heroism or meritorious service."

It was also my honor to present Gary a Presidential Unit Citation Ribbon, an